

O R E J C E
AUG 05 2004
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

ELLIS

Appln. No. 09/763,024

Filed: March 20, 2001

Confirmation No.: 2645

Atty. Ref.: 1430-263

T.C. / Art Unit: 1642

Examiner: L.R. Helms

FOR: GRIP HUMAN ADAPTER PROTEIN RELATED TO THE GRB2 FAMILY MEMBER

* * *

RESPONSE TO RESTRICTION REQUIREMENT

August 5, 2004

Mail Stop Amendment
U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the pending Office Action (Paper No. 20040505) mailed May 7, 2004, entry and consideration of the following amendments and remarks are respectfully requested.

The **claims** are presented on pages 2-3.

Claims 1-13 are canceled without prejudice or disclaimer.

Claims 14-20 are added.

Remarks begin on page 4.

08/17/2004 GDUCKETT 00000004 141140 09763024

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/763024

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 7	Minus	** 20	=
Independent		* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY

TYPE

OTHER THAN
OR SMALL ENTITY

RATE	Fee
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	Fee
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent		*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
Independent		*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.